

Applicant Initiated Interview Request Form

Application No.: 10/803,788First Named Applicant: Hristo Iankov BojinovExaminer: Colan, Giovanna BArt Unit: 2162Status of Application: Final**Tentative Participants:**(1) Michael Abramson(2) Colan, Giovanna B(3) John Breene

(4) _____

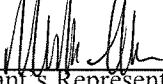
Proposed Date of Interview: As soon as possible**Proposed Time:** 10 am **AM/PM****Type of Interview Requested:**(1) **Telephonic**(2) **Personal**(3) **Video Conference****Exhibit To Be Shown or Demonstrated:** **YES** **NO****If yes, provide brief description:** _____**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>See below</u>	<u>1, 32, 38</u>	<u>Chandrashekhar</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>See below</u>	<u>1, 32, 38</u>	<u>Chandrashekhar</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>See below</u>	<u>038; 055; 070</u>	<u>Chandrashekhar</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>See below</u>	<u>1, 32, 38, Fig. 1</u>	<u>Chandrashekhar</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Continuation Sheet Attached**Brief Description of Argument to be Presented:**

(1) Explain the problem solved (2) Analyze the claimed solution (3) Analyze all cited art

(4) Explain why all claims are allowable in view of the cited prior art

An interview was conduction on the above-identified application on _____.**NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).****This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.** _____
Applicant/Applicant's Representative Signature

Michael T Abramson

Typed/Printed Name of Applicant or Representative
60,320

Examiner/SPE Signature _____

Registration Number, if applicable _____